

**Plaintiffs' Memorandum in Opposition
to Joint Motion for Summary
Judgment for Failure to Prove Fault
Element of Public Nuisance Claims**

Ex 35 – Cameron Tr. Excerpts

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THE STATE OF MONTANA
OFFICE OF THE ATTORNEY GENERAL
OFFICE OF CONSUMER PROTECTION

- - -

SEPTEMBER 26, 2018

HIGHLY CONFIDENTIAL

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Oral testimony of TODD CAMERON, taken
pursuant to notice, was held at the law offices of
Baker & Hostetler, LLP, 250 South Civic Center Drive,
Suite 1200, Columbus, Ohio 43215, commencing at 10:23
a.m., on the above date, before Carol A. Kirk, a
Registered Merit Reporter.

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1 understood.

2 MS. WICHT: Okay.

3 BY MS. SINGER:

4 Q. Mr. Cameron, have you had a chance
5 to look at the list of subjects?

6 A. Yes.

7 Q. All right. Are you familiar with
8 all of those subject areas in your work at
9 Cardinal?

10 A. I am familiar with the areas, yes.

11 Q. Okay. When did you start working
12 at Cardinal?

13 A. August of 1993.

14 Q. Was it your first job?

15 A. It was.

16 Q. And in what capacity did you start
17 with the company?

18 A. I was involved in the IT
19 department around data elements of the
20 distribution side of the company.

21 Q. And was that on the compliance or
22 marketing side of Cardinal Health?

23 A. Marketing.

24 Q. And can you take us through your

1 positions at Cardinal Health.

2 A. I can try. I was in --

3 Q. If you can't, I can't.

4 A. Right. Yeah.

5 I was in the -- and the reason I
6 hesitate is when I started, the company was very
7 small. And we didn't have the specific
8 department structure silos that we have today.
9 It was really kind of a group of -- it was very
10 small. It was about 70 people when I started.

11 But I was in the marketing
12 department as far as customer data elements that
13 were used on the distribution side of the
14 business, and moved into an IT role that was
15 focused around customer IT solutions from an
16 inventory management standpoint side.

17 And then moved into what at the
18 time was referred to as sales administration.
19 Then went back into another IT role. Then went
20 into a consumer health role, which was all the
21 front-end nonprescription products that Cardinal
22 carries.

23 Then went back into a sales
24 operations role. And then went from there into

1 the anti-diversion team. And each of those
2 steps had two or three jobs within those
3 movements.

4 Q. Okay. And so what is your current
5 title at Cardinal?

6 A. I believe it is -- and I say that
7 because I'm not sure what the actual HR roadmap
8 title is. But I believe it is SVP of supply
9 chain integrity.

10 Q. All right. Do we need to check
11 your business card?

12 A. Yeah, I don't have one with me.
13 But I think that's what it says.

14 Q. So this is not the part of the
15 testimony where you're supposed to get squishy?

16 A. Well, I haven't stood up yet. So
17 I'm still sitting down.

18 Q. Okay. And so in your current
19 position, whatever it is, at Cardinal Health,
20 you're responsible for anti-diversion
21 compliance; is that correct?

22 A. Correct.

23 Q. And when did you first move into a
24 role related to anti-diversion compliance?

1 events, to determine if we are setting the dials
2 correctly. But I don't have a specific thing
3 that has to happen.

4 Q. Okay. So you are satisfied that
5 there aren't currently any shortcomings in
6 Cardinal's compliance efforts or anti-diversion
7 efforts that need to be addressed?

8 A. From Cardinal's distribution
9 position that we sit in in the supply chain, no.

10 Q. And when you qualify that
11 response, what are you excluding?

12 A. I mean it would be great if there
13 was something we could do to decrease the
14 overprescribing of opioids. That would
15 obviously help a ton.

16 Q. Okay. Do you participate in your
17 current role at Cardinal in any trade
18 associations related to distribution or
19 compliance?

20 A. Does HDA qualify as one?

21 Q. In my book, yes.

22 A. Then, yes, HDA.

23 Q. And HDA is?

24 A. I'm not sure -- they've changed

1 their name recently. I'm not sure what HDA
2 stands for.

3 Q. Okay. Does it sound like the
4 Healthcare Distribution Alliance?

5 A. I think so, yes. There used to be
6 an M in there maybe.

7 Q. Used to.

8 A. Yeah.

9 Q. They rebranded.

10 A. Yes.

11 Q. What is your role on Cardinal's
12 behalf in the HDA?

13 A. Representing Cardinal on the calls
14 that take place with HDA and other distributors
15 around DEA compliance, anti-diversion issues,
16 new regulations that could be coming out from
17 either the federal government or specific state
18 governments.

19 Q. Are there other people from
20 Cardinal who participate in those calls?

21 A. There are.

22 Q. Who else?

23 A. I don't know everybody. I know a
24 lot of the regulatory lawyers are involved in

1 those calls. Gary Cacciatore, Martha Russell,
2 to name two of the attorneys that I think were
3 usually on those calls.

4 Q. And how often do those calls
5 happen?

6 A. I don't know that there's a
7 specific cadence. I would say it probably feels
8 like maybe monthly.

9 Q. And do you have an official role
10 in HDA? Do you serve on a board or a committee?

11 A. No.

12 Q. And, to your knowledge, does
13 anybody from Cardinal serve on the HDA's board
14 or committee?

15 A. I don't know. If they would, I
16 wouldn't know it.

17 Q. Okay. Are there any other
18 industry associations or organizations with
19 which you are involved?

20 A. No.

21 Q. Any associations that
22 manufacturers of opioids also participate in?

23 A. That I'm involved?

24 Q. Yes.

1 A. No.

2 Q. From your involvement in HDA
3 calls, is that only distributors of prescription
4 and other healthcare products or manufacturers
5 as well?

6 A. I believe on the calls that I'm
7 on, I think it's only distributors. But I know
8 there are a lot of other HDA calls that
9 different groups are involved in that I'm not
10 on.

11 Q. Okay. And the calls you
12 participate in, is there a particular subject
13 area or group that they fall within?

14 A. Usually related around controlled
15 substances. And, again, a lot of it's been
16 around potential new regulations coming out from
17 specific state Boards of Pharmacy lately.

18 Q. Okay. And I take it there are
19 e-mails that flow from HDA to you and other
20 members of that group about those topics?

21 A. I'm sure there are.

22 Q. Okay. Do you recall specifically?

23 A. I do not.

24 Q. And you mentioned that those calls

1 have been about regulatory developments.

2 A. Yes.

3 Q. Have there been discussions in
4 particular about DEA guidance and authority and
5 enforcement?

6 A. The two subjects that I think have
7 been the most common lately that I can
8 specifically recall are Ohio is putting out a
9 new regulation around controlled substance
10 distributions, the things that distributors are
11 required to do from a due diligence standpoint.
12 And New York has put out or is putting out an
13 opioid tax. Those have been -- probably the
14 last 15 calls I've been on have been about one
15 of those two subjects.

16 Q. Okay. And over the course of your
17 tenure, going back farther than the last couple
18 of weeks or months, are there other topics you
19 recall discussing?

20 A. No.

21 Q. Have there been any issues that
22 have come up relating to the State of Montana?

23 A. No, not that I can recall.

24 Q. Have you all discussed any issues

1 questions.

2 We still set the thresholds.

3 They're not involved in that process. But as
4 far as the documenting of the KYC for the
5 national accounts, that's done by that team.

6 Q. So my understanding is that
7 national chain accounts are treated differently
8 on the -- because of the assumption that they
9 have their own anti-diversion programs. Is that
10 accurate?

11 A. Treated differently in what way?

12 Q. They aren't subject to the same
13 kind of Know Your Customer onboarding as
14 independents.

15 A. That is true.

16 Q. And does Cardinal make any effort
17 to audit or check a chain pharmacy's
18 anti-diversion program?

19 A. The benefit to the national
20 accounts is we get corporate level --
21 corporate-provided store level data. And those
22 national accounts buy all of their controls from
23 us. So we actually have a better picture of the
24 national chains because they're not buying from

1 four or five wholesalers like independents are.

2 So I would say we actually have more scrutiny on
3 the chains than we do the independents.

4 Q. Okay. Because they give you more
5 data?

6 A. Yes.

7 Q. And because you're the only
8 distributor?

9 A. Exactly.

10 Q. And -- okay. So understanding
11 that that gives you a confidence level --

12 A. Yes.

13 Q. -- do you all do any examination
14 of their own anti-diversion programs?

15 A. No.

16 Q. And has it always been the case
17 that chains have given you this corporate level
18 data for all of the pharmacies you supply?

19 A. Since I've been in the role.

20 Q. Okay. Have you done any analysis
21 to determine whether chains or independents
22 generate more suspicious orders?

23 A. Have we done specific analysis?

24 No.